Suicide Risk Assessment

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We assess risk to…

Identify modifiable and treatable risk factors that inform treatment

Simon 2001

Take care of our patients

Is a common language necessary to facilitate suicide risk assessment?

Do we have a common language?

The Language of Self-Directed Violence

Identification of the Problem

- Suicidal ideation
- Death wish
- Suicidal threat
- Cry for help
- Self-mutilation
- Parasuicidal gesture
- Suicidal gesture
- Risk-taking behavior

- Self-harm
- Self-injury
- Suicide attempt
- Aborted suicide attempt
- Accidental death
- Unintentional suicide
- Successful attempt
- Completed suicide
- Life-threatening behavior
- Suicide-related behavior
- Suicide

The Language of Suicidology

Implications of the Problem

- Clinical
- Research
- Public Health

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The Language of Self-Directed Violence

Implications of the Problem

Example from Research

ABSTRACT

Background. Psychiatric emergency room (ER) patients are thought to be at increased risk of suicide. The prevalence and characteristics of suicidal behavior in a recent sample of patients who came to the ER for psychiatric evaluation were examined.

Methods. Charts of 311 consecutive psychiatric ER patients were reviewed. Suicidal behavior was considered present if current suicidal ideation or attempts within 24 hours of or during the emergency evaluation were noted in the chart.

Results. Suicidal behavior was present in 38% of the psychiatric ER patients. Younger age, white race, affective disorders in female patients, and substance abuse disorders in male patients were features of the suicidal group. Sex of the patient was not associated with suicidal behavior.

Conclusions. Suicidal behavior is prevalent in the psychiatric ER. Effective suicide prevention in this setting will hinge on finding more specific risk factors.

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The Language of Self-Directed Violence

A Solution to the Problem

Nomenclature (def.):

- a set of commonly understood
- widely acceptable
- comprehensive
- terms that define the basic clinical phenomena (of suicide and suicide-related behaviors)
- based on a logical set of necessary component elements that can be easily applied

Silverman et al 2006

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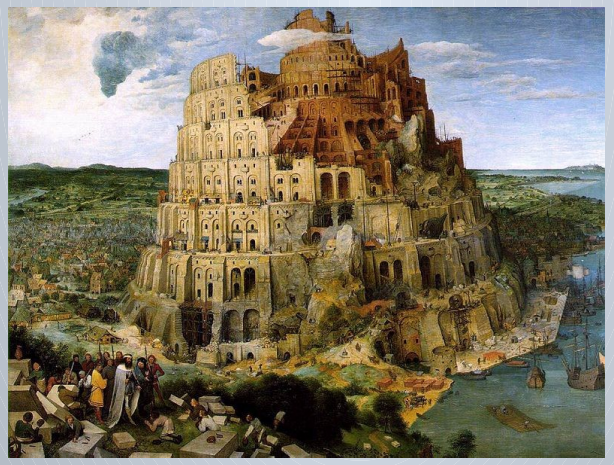
Nomenclature: **Essential Features**

- enhance clarity of communication
- have applicability across clinical settings
- be theory neutral
- be culturally neutral
- use mutually exclusive terms that encompass the spectrum of thoughts and actions



Peter Brueghel the Elder, 1563

Silverman et al 2006

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Classification System

Essential Features

- “Exhaustive”
- Builds upon a nomenclature
- Further differentiates between like phenomena

Silverman et al 2006

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Self-Directed Violence Classification System

Lisa A. Brenner, Ph.D.
Morton M. Silverman, M.D.
Lisa M. Betthauser, M.B.A.
Ryan E. Breshears, Ph.D.
Katherine K. Bellon, Ph.D.
Herbert. T. Nagamoto, M.D.

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Type	Sub-Type	Definition	Modifiers	Terms
Thoughts	Non-Suicidal Self-Directed Violence Ideation	Self-reported thoughts regarding a person's desire to engage in self-inflicted potentially injurious behavior. There is no evidence of suicidal intent. For example, persons engage in Non-Suicidal Self-Directed Violence Ideation in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).	N/A	•Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation	Self-reported thoughts of engaging in suicide-related behavior. For example, intrusive thoughts of suicide without the wish to die would be classified as Suicidal Ideation, Without Intent.	•Suicidal Intent -Without -Undetermined -With	•Suicidal Ideation, Without Suicidal Intent •Suicidal Ideation, With Undetermined Suicidal Intent •Suicidal Ideation, With Suicidal Intent
Behaviors	Preparatory	Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away). For example, hoarding medication for the purpose of overdosing would be classified as Suicidal Self-Directed Violence, Preparatory.	• Suicidal Intent -Without -Undetermined -With	•Non-Suicidal Self-Directed Violence, Preparatory •Undetermined Self-Directed Violence, Preparatory •Suicidal Self-Directed Violence, Preparatory
	Non-Suicidal Self-Directed Violence	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent. For example, persons engage in Non-Suicidal Self-Directed Violence in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).	• Injury -Without -With -Fatal • Interrupted by Self or Other	•Non-Suicidal Self-Directed Violence, Without Injury •Non-Suicidal Self-Directed Violence, Without Injury, Interrupted by Self or Other •Non-Suicidal Self-Directed Violence, With Injury •Non-Suicidal Self-Directed Violence, With Injury, Interrupted by Self or Other •Non-Suicidal Self-Directed Violence, Fatal
	Undetermined Self-Directed Violence	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based upon the available evidence. For example, the person is unable to admit positively to the intent to die (e.g., unconsciousness, incapacitation, intoxication, acute psychosis, disorientation, or death); **OR** the person is reluctant to admit positively to the intent to die for other or unknown reasons.	• Injury -Without -With -Fatal • Interrupted by Self or Other	•Undetermined Self-Directed Violence, Without Injury •Undetermined Self-Directed Violence, Without Injury, Interrupted by Self or Other •Undetermined Self-Directed Violence, With Injury •Undetermined Self-Directed Violence, With Injury, Interrupted by Self or Other •Undetermined Self-Directed Violence, Fatal
	Suicidal Self-Directed	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.	• Injury -Without -With -Fatal	•Suicide Attempt, Without Injury •Suicide Attempt, Without Injury, Interrupted by Self or Other •Suicide Attempt, With Injury

Self-Directed Violence (SDV) Classification System
Clinical Tool

BEGIN WITH THESE 3 QUESTIONS:

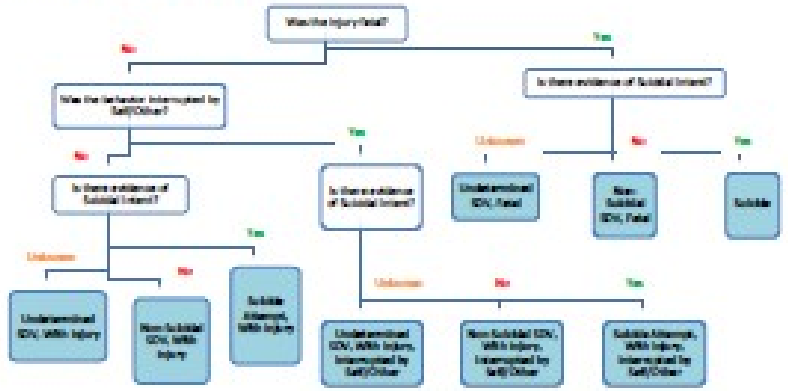
1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful? (Refer to Key Terms on reverse side)
   If NO, proceed to Question 2; If YES, proceed to Question 3
2. Is there any indication that the person had self-directed violence related thoughts?
   If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV ITEM
   If YES, proceed to Decision Tree A
3. Did the behavior involve any injury?
   If NO, proceed to Decision Tree B
   If YES, proceed to Decision Tree C

DECISION TREE A: THOUGHTS

DECISION TREE B: BEHAVIORS, WITHOUT INJURY

Was the behavior preparatory only?
Yes
No
Was the behavior interrupted by self or other?
Is there evidence of Suicidal Intent?
Unknown
No
Yes
Undetermined SDV, Preparatory
Non-Suicidal SDV, Preparatory
Suicidal SDV, Preparatory
Is there evidence of Suicidal Intent?
Undetermined SDV, Without Injury
Suicide Attempt, Without Injury
Non-Suicidal SDV, Without Injury
Undetermined SDV, Without Injury, Interrupted by Self/Other
Non-Suicidal SDV, Without Injury, Interrupted by Self/Other
Suicide Attempt, Without Injury, Interrupted by Self/Other

DECISION TREE C: BEHAVIORS, WITH INJURY



Self-Directed Violence (SDV) Classification System
Clinical Tool

Key Terms [Centers for Disease Control and Prevention]

Self-Directed Violence:	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
Suicidal Intent:	There is past or present evidence (explicit and/or implicit) that the individual intended to kill him/herself and wished to die, and that he/she understood the probable consequences of his/her actions or potential actions.
Preparatory Behavior:	Acts or preparation towards imminently making a suicide attempt, but before potential for harm has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).
Physical Injury (paraphrased):	A bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance (e.g., bodily harm due to suffocation, poisoning or overdoses, lacerations, gunshot wounds, etc.). Refer to the Classification System for the full CDC definition.
Interrupted By Self or Other	A person takes steps to injure self but is stopped by self/another person prior to fatal injury. The interruption may occur at any point.
Suicide Attempt:	A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior
Suicide:	Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior

Reminder: Behaviors Trump Thoughts

Now that we are using a common language

How should we be assessing risk?

Elements of Useful Assessment Tools

- Clear operational definitions of construct assessed
- Focused on specific domains
- Developed through systematic, multistage process
  - empirical support for item content, clear administration and scoring instructions, reliability, and validity
- Range of normative data available

Gutierrez and Osman, 2008

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Evidence-Based Measures

- Suicidal Ideation - Beck Scale for Suicide Ideation
- Depressive Symptoms – Beck Depression Inventory II
- Hopelessness - Beck Hopelessness Scale
- Thoughts about the future - Suicide Cognitions Scale
- History of Suicide - Related Behaviors - Self-Harm Behavior Questionnaire
- Protective Factors - Reasons for Living Inventory

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“Although self-report measures are often used as screening tools, an adequate evaluation of suicidality should include both interviewer-administered and self-report measures.”

http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-113.pdf

Important Domains of a Suicide- Focused Psychiatric Interview

- Current presentation of suicidality
  - Specifically inquire about suicidal thoughts, plans and behaviors
- Psychiatric Illness
- History
- Psychosocial situation
- Individual strengths and vulnerabilities

APA Practice Guidelines (2003)

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Identify Suicide Risk Factors

- Specific factors that may generally increase risk for suicide or other self-directed violent behaviors
- A major focus of research for past 30 years
- Categories of risk factors
  - Demographic
  - Psychiatric
  - Psychosocial stressors
  - Past history

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Determine if factors are modifiable

Non-modifiable Risk Factors

- Family History
- Past history
- Demographics

Modifiable Risk Factors

- Treat psychiatric symptoms
- Increase social support
- Remove access to lethal means

Warning Signs

- Warning signs – person-specific emotions, thoughts, or behaviors precipitating suicidal behavior
- Proximal to the suicidal behavior and imply imminent risk
- The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct further suicide risk assessment

Rudd et al. 2006

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- Warning Signs of Acute Risk:
  - Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself; and/or,
  - Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; and/or,
  - Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

http://www.suicidology.org/web/guest/stats-and-tools/warning-signs

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AMERICAN ASSOCIATION OF SUICIDOLOGY

- Additional Warning Signs:
  - Increased **substance** (alcohol or drug) **use**
  - No reason for living; no sense of **purpose** in life
  - Rage, uncontrolled **anger**, seeking revenge
  - Acting **reckless** or engaging in risky
  - Dramatic **mood changes**.
  - **Anxiety**, agitation, unable to sleep or sleeping all the time
  - Feeling **trapped** - like there's no way out
  - **Hopelessness**
  - **Withdrawal** from friends, family and society

http://www.suicidology.org/web/guest/stats-and-tools/warning-signs

Risk Factors vs. Warning Signs

Characteristic Feature	Risk Factor	Warning Sign
Relationship to Suicide	Distal	Proximal
Empirical Support	Evidence-base	Clinically derived
Timeframe	Enduring	Imminent
Nature of Occurrence	Relatively stable	Transient
Implications for Clinical Practice	At times limited intervention	Demands

Rudd et al. 2006

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Empirical test of warning signs almost non-existent

Military Specific Tools

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Marines
The Few. The Proud.

SUICIDE RISK FACTORS IN THE U.S. MARINE CORPS

The acronym *MARINES* may be used to help with the identification of high risk factors often associated with suicide in the Corps; and to assist with prevention and early intervention. Have the courage to help someone in need!

M — ***MOODY*** - Marines who are experiencing rapid and dramatic mood swings – such as frequent anger, depression and nervousness – along with recent episodes of violent and impulsive behavior are at increased risk for self-harm.

A — ***ALCOHOL ABUSE*** – Marines who abuse or are addicted to alcohol and/or drugs, including prescription medications, are at risk for suicide.

R — ***RELATIONSHIP LOSS*** – Marines who have lost a romantic relationship or perceive that an important relationship is over are at risk for suicide. Those who are experiencing relationship problems are also at risk.

I — ***ISOLATED*** – Marines who are withdrawn and who distance and isolate themselves from others may be at risk.

N — ***NERVOUS*** – Marines who are feeling anxious, tense, scared, confused and vulnerable may be at risk for self-harm.

E — ***EMBARRASSMENT*** – Marines who believe that they have been disgraced, humiliated or shamed in some way may be at risk.

S — ***SAD*** – Marines who are sad, depressed, indifferent and pessimistic with feelings of hopelessness, helplessness and worthlessness are at risk for suicide.

TAKE ACTION and SAVE LIVES!

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SUICIDE RISK FACTORS IN THE U.S. NAVY

Increasing knowledge about risk factors can assist with the identification and recognition of the warning signs of suicide. The acronym ***SAILOR*** is utilized to describe the behavioral and psychological risk factors often associated with self-destructive and suicidal behavior. Awareness and recognition of these risk factors may help save a shipmate's life!

S - SAD A sailor who is depressed and sad, with feelings of hopelessness, helplessness, and worthlessness is at risk.

A - ALCOHOL Sailors who abuse or are addicted to alcohol are at greater risk for suicide.

I - ISOLATION Sailors who are alone and isolated and are without peer, social and religious support may be at risk.

L - LOSS Sailors who have lost someone (especially a significant other and/or romantic relationship) or something meaningful in their lives may be at risk for suicide.

O - ORGANIZED PLAN The Sailor with a specific detailed plan using an available lethal method is at high risk.

R - RATIONAL THINKING LOSS Suicide risk is high for Sailors when their judgment and thought processes are impaired.

TAKE ACTION and SAVE LIVES!

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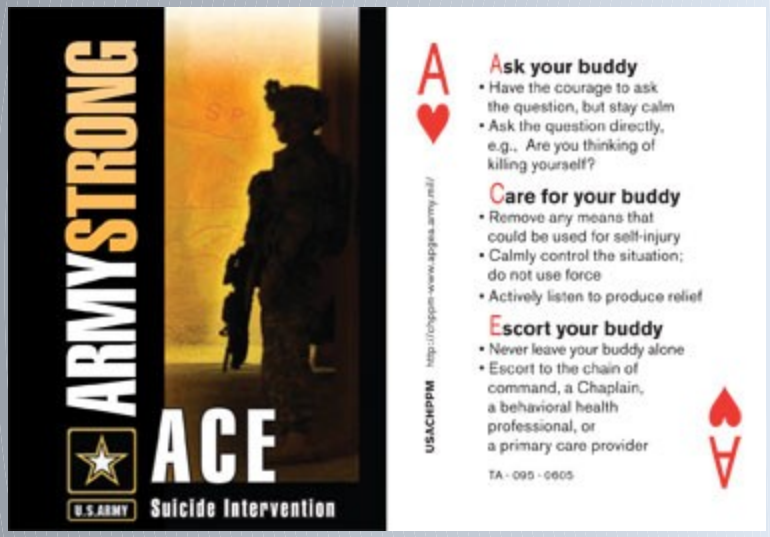
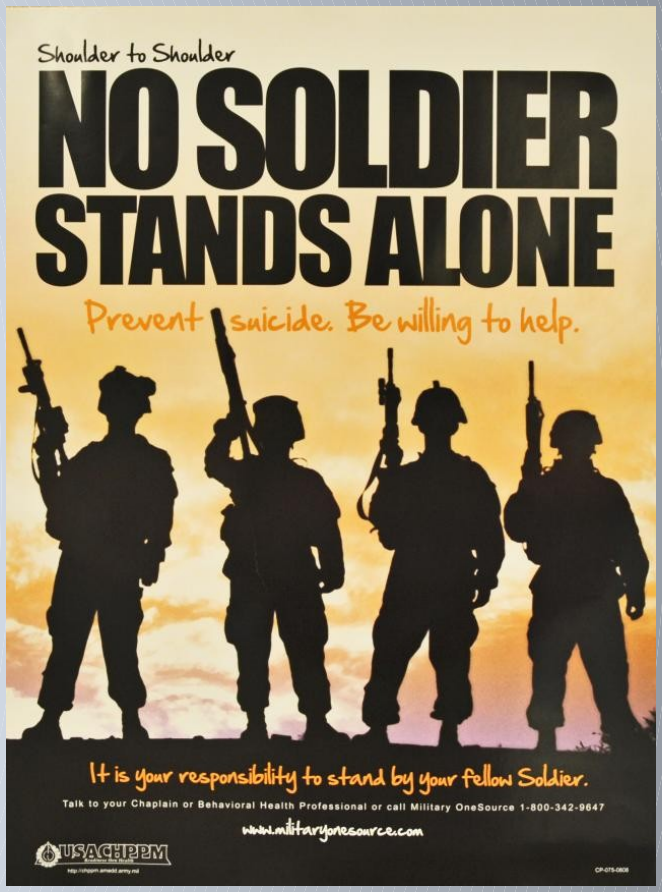
Ace Cards


ARMYSTRONG
ACE
U.S.ARMY
Suicide Intervention
A
Ask your buddy
• Have the courage to ask the question, but stay calm
• Ask the question directly, e.g., Are you thinking of killing yourself?
Care for your buddy
• Remove any means that could be used for self-injury
• Calmly control the situation; do not use force
• Actively listen to produce relief
Escort your buddy
• Never leave your buddy alone
• Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider
TA - 095 - 0605
USACHPPM
http://chppm-www.apgea.army.mil/
A


Shoulder to Shoulder
NO SOLDIER STANDS ALONE
Prevent suicide. Be willing to help.
It is your responsibility to stand by your fellow Soldier.
Talk to your Chaplain or Behavioral Health Professional or call Military OneSource 1-800-342-9647
www.militaryonesource.com
USACHPPM

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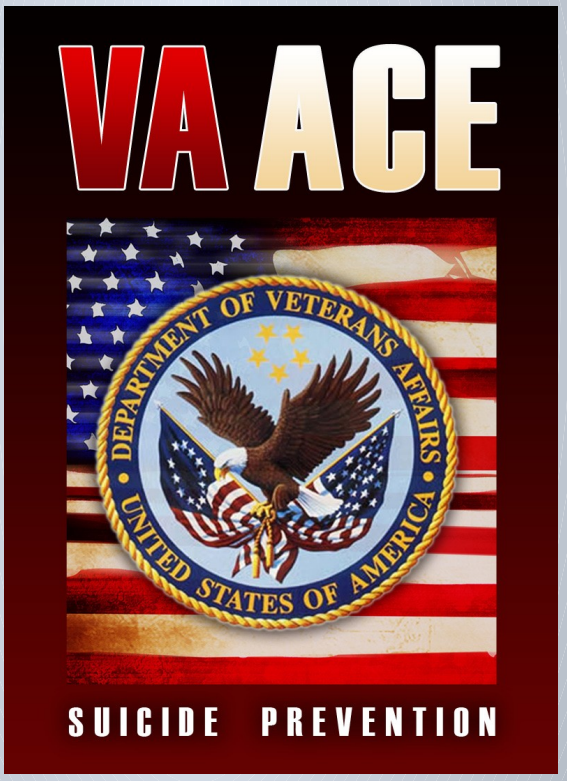
VA ACE CARDS

- These are wallet-sized, easily-accessible, and portable tools on which the steps for being an active and valuable participant in suicide prevention are summarized
- The accompanying brochure discusses warning signs of suicide, and provides safety guidelines for each step

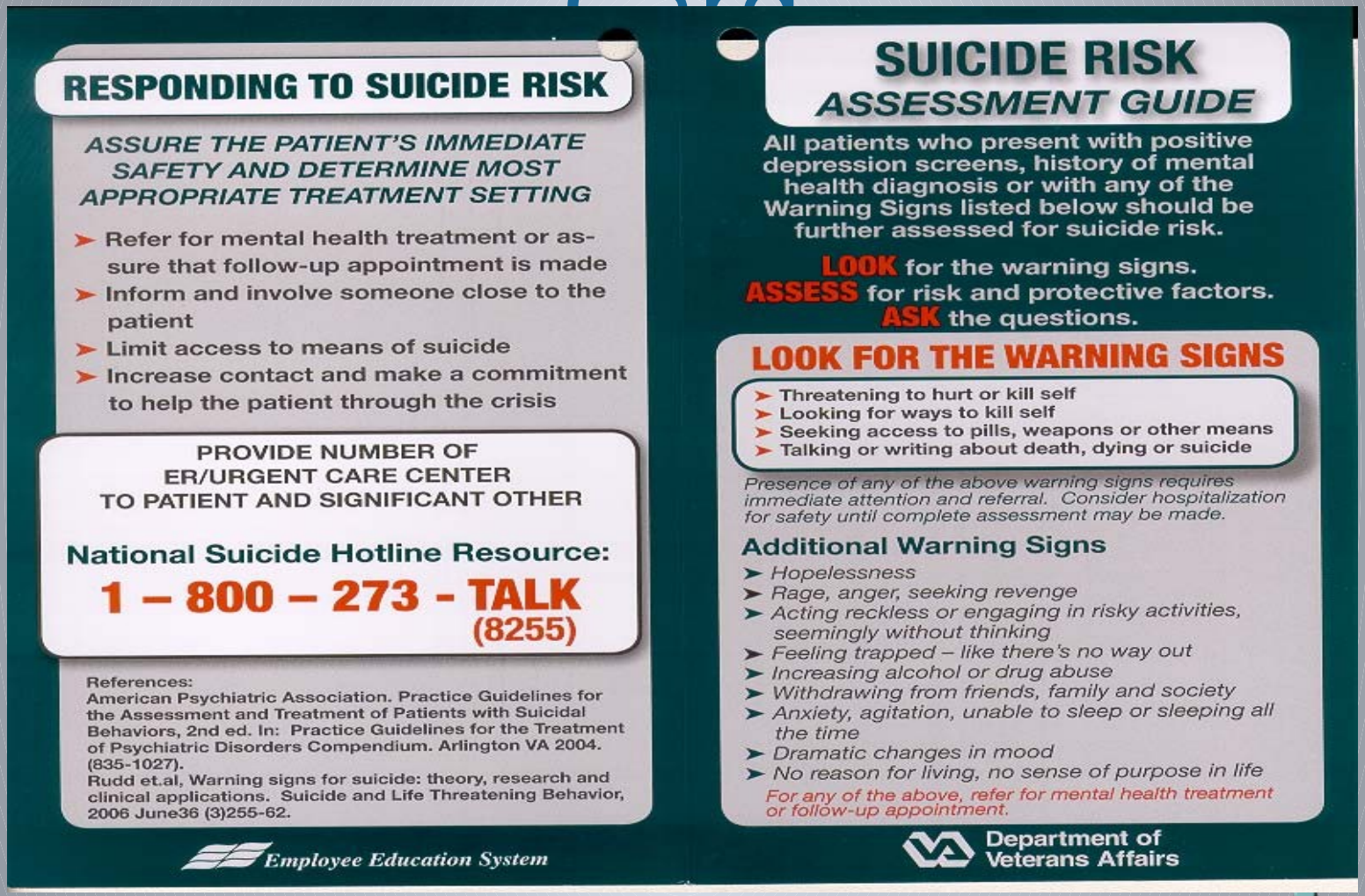


Front view

Ask the Veteran
• Ask the question:
• Are you thinking about killing yourself?
• Do you think you might try to hurt yourself?
• Ask directly
Care for the Veteran
• Remove any means that could be used for self-injury
• Stay calm and safe
• Actively listen to show understanding and produce relief
Escort the Veteran
• Never leave the Veteran alone
• Escort to emergency room or medical clinic
• Call VA Suicide Prevention Hotline
VA Suicide Prevention Hotline - 1-800-273-TALK (8255)
press "1" for Veterans

Back view

VA Risk Assessment Pocket Card



RESPONDING TO SUICIDE RISK

ASSURE THE PATIENT'S IMMEDIATE SAFETY AND DETERMINE MOST APPROPRIATE TREATMENT SETTING

- Refer for mental health treatment or assure that follow-up appointment is made
- Inform and involve someone close to the patient
- Limit access to means of suicide
- Increase contact and make a commitment to help the patient through the crisis

PROVIDE NUMBER OF
ER/URGENT CARE CENTER
TO PATIENT AND SIGNIFICANT OTHER

National Suicide Hotline Resource:

1 – 800 – 273 - TALK (8255)

References:
American Psychiatric Association. Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, 2nd ed. In: Practice Guidelines for the Treatment of Psychiatric Disorders Compendium. Arlington VA 2004. (835-1027).
Rudd et.al, Warning signs for suicide: theory, research and clinical applications. Suicide and Life Threatening Behavior, 2006 June36 (3)255-62.

Employee Education System

SUICIDE RISK ASSESSMENT GUIDE

All patients who present with positive depression screens, history of mental health diagnosis or with any of the Warning Signs listed below should be further assessed for suicide risk.

LOOK for the warning signs.
ASSESS for risk and protective factors.
ASK the questions.

LOOK FOR THE WARNING SIGNS

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide

Presence of any of the above warning signs requires immediate attention and referral. Consider hospitalization for safety until complete assessment may be made.

Additional Warning Signs

- *Hopelessness*
- *Rage, anger, seeking revenge*
- *Acting reckless or engaging in risky activities, seemingly without thinking*
- *Feeling trapped – like there's no way out*
- *Increasing alcohol or drug abuse*
- *Withdrawing from friends, family and society*
- *Anxiety, agitation, unable to sleep or sleeping all the time*
- *Dramatic changes in mood*
- *No reason for living, no sense of purpose in life*

For any of the above, refer for mental health treatment or follow-up appointment.

Department of Veterans Affairs

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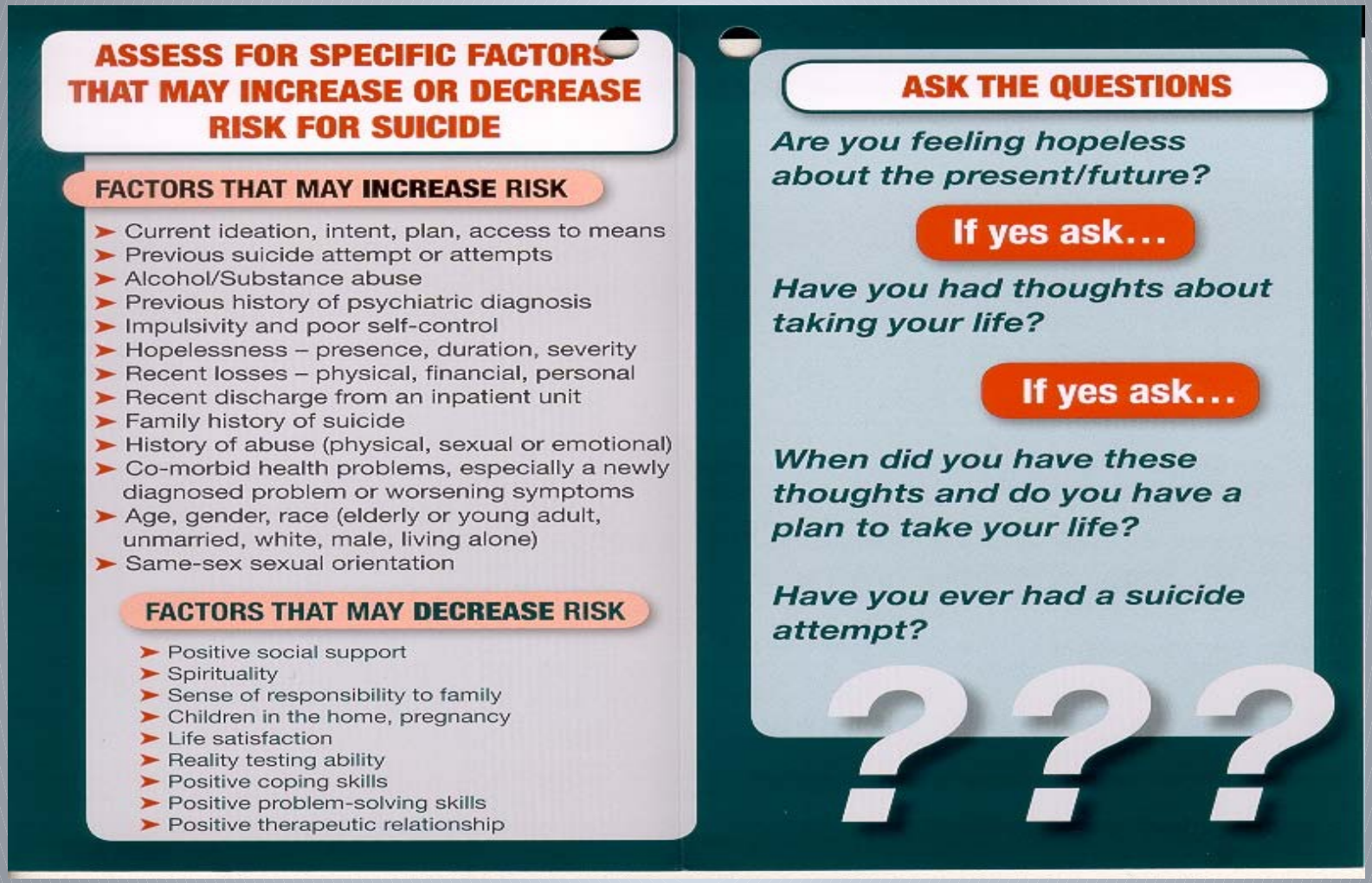
ASSESS FOR SPECIFIC FACTORS THAT MAY INCREASE OR DECREASE RISK FOR SUICIDE
FACTORS THAT MAY INCREASE RISK
Current ideation, intent, plan, access to means
Previous suicide attempt or attempts
Alcohol/Substance abuse
Previous history of psychiatric diagnosis
Impulsivity and poor self-control
Hopelessness – presence, duration, severity
Recent losses – physical, financial, personal
Recent discharge from an inpatient unit
Family history of suicide
History of abuse (physical, sexual or emotional)
Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
Age, gender, race (elderly or young adult, unmarried, white, male, living alone)
Same-sex sexual orientation
FACTORS THAT MAY DECREASE RISK
Positive social support
Spirituality
Sense of responsibility to family
Children in the home, pregnancy
Life satisfaction
Reality testing ability
Positive coping skills
Positive problem-solving skills
Positive therapeutic relationship
ASK THE QUESTIONS
Are you feeling hopeless about the present/future?
If yes ask...
Have you had thoughts about taking your life?
If yes ask...
When did you have these thoughts and do you have a plan to take your life?
Have you ever had a suicide attempt?
? ? ?

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VA Risk Assessment Manual

- Provides more specific information and the rationale for the sections on the pocket card
- Sections of the guide correspond with the sections of the card
  - Look for the warning signs
  - Factors that may increase or decrease suicide risk
  - Ask the questions
  - Respond to suicide risk

www.mentalhealth.**va**.gov/docs/**Suicide_Risk_**

Assessment_Guide.doc

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Additional Considerations for Risk Assessment in Military Personnel

At risk for post traumatic stress disorder, traumatic brain injury (TBI), and suicide

Can we draw from what we know about these conditions, suicidology, and rehabilitation medicine to identify novel means of

PTSD and Suicide

Members of the military developing PTSD

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Those with PTSD at Increased Risk for Suicidal Behavior

14.9 times more likely to attempt suicide than those without PTSD

(community sample)

Davidson et al 1991

Why?

- Veteran Population
  - Survivor guilt (Hendin and Haas, 1991)
  - Being an agent of killing (Fontana et al., 1992)
  - Intensity of sustaining a combat injury (Bullman and Kang, 1996)

Self-harm as a means of regulating overwhelming internal experiences

unwanted emotions
flashbacks
unpleasant thoughts

©Michael Kamber: Latifiyah, Iraq. May 19, 2007

Post-Traumatic Symptoms and Suicidality

- Avoidance/Numbing
- Hyperarousal
- Re-experiencing

Re-experiencing Symptom Cluster Associated with Suicidal Ideation

Nye et al., 2007

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Substance Abuse and Suicide in Veteran Population

Characteristics	Male		Female	
	Hazard Ratio	95% Confidence Interval	Hazard Ratio	95% Confidence Interval
Any Psychiatric Diagnosis	2.50	(2.38, 2.64)	5.18	(4.08, 6.58)
Any Substance Abuse or Dependence	2.27	(2.11, 2.45)	6.62	(4.72, 9.29)
Alcohol Abuse or Dependence	2.28	(2.12, 2.45)	6.04	(4.14, 8.82)
Other Drug Abuse or Dependence	2.09	(1.90, 2.31)	5.33	(3.58, 7.94)
Bipolar Disorder	2.98	(2.73, 3.25)	6.33	(4.69, 8.54)
Depression	2.61	(2.47, 2.75)	5.20	(4.01, 6.75)
Other Anxiety	2.10	(1.94, 2.28)	3.48	(2.52, 4.81)
PTSD	1.84	(1.70, 1.98)	3.50	(2.51, 4.86)
Schizophrenia	2.10	(1.93, 2.28)	6.08	(4.35, 8.48)

Ilgen et al. (2010)

Chronic Risk

- Increase psychosocial stressors
  - Interpersonal conflict
  - Work or academic related problems
- Exacerbate co-occurring psychopathology
  - Depression & Anxiety
  - Hopelessness
- Increase potential for injuries associated with suicide
  - Traumatic Brain Injury

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Intoxication & Acute Risk

- Psychopharmacological effects on the brain
  - Impair problem solving
  - Impulsivity
  - Disinhibition

- “Alcohol myopia”
  - Acute alcohol consumption restricts attention to the immediate salient stimuli

Steele & Joseph, 1990

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VA Clinical Reminders

- Consist of specific screening questions to assess for potential deployment-related health risks
- Help standardize health care
- Ensures that Veterans are diagnosed and treated appropriately
- Existing clinical reminders for depression, alcohol abuse, and Post-traumatic Stress Disorder

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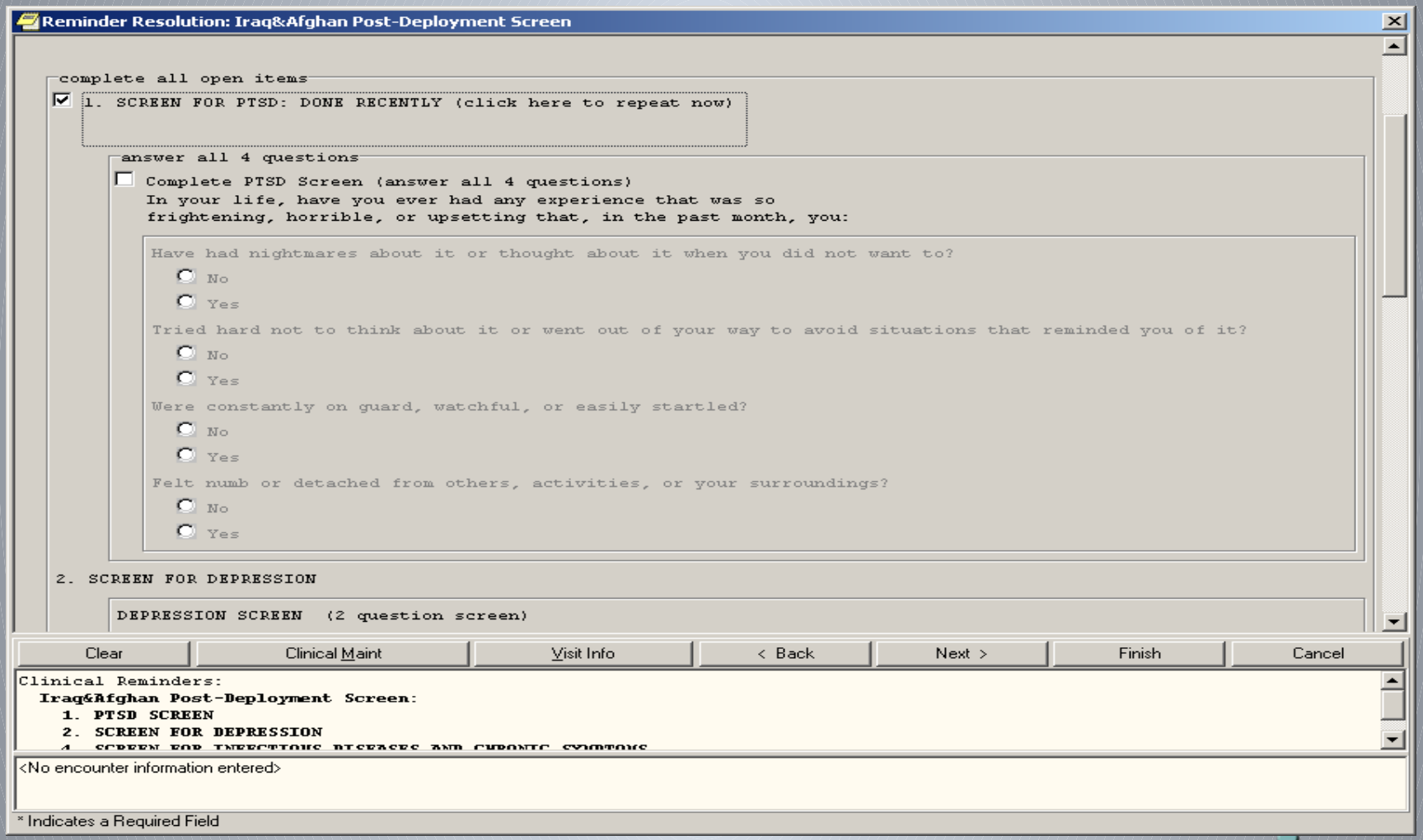
PTSD Clinical Reminder


Reminder Resolution: Iraq&Afghan Post-Deployment Screen
complete all open items
1. SCREEN FOR PTSD: DONE RECENTLY (click here to repeat now)
answer all 4 questions
Complete PTSD Screen (answer all 4 questions)
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:
Have had nightmares about it or thought about it when you did not want to?
No
Yes
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
No
Yes
Were constantly on guard, watchful, or easily startled?
No
Yes
Felt numb or detached from others, activities, or your surroundings?
No
Yes
2. SCREEN FOR DEPRESSION
DEPRESSION SCREEN (2 question screen)
Clear
Clinical Maint
Visit Info
< Back
Next >
Finish
Cancel
Clinical Reminders:
Iraq&Afghan Post-Deployment Screen:
1. PTSD SCREEN
2. SCREEN FOR DEPRESSION
<No encounter information entered>
* Indicates a Required Field

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Risk Factors for those with a History of TBI

Individuals with a history of TBI are at increased risk of dying by suicide

Members of the military are sustaining TBIs

Role of Pre-injury vs. Post-Injury Risk Factors

Post-injury psychosocial factors, in particular the presence of **post injury emotional/psychiatric disturbance** (E/PD) had far greater significance than pre-injury vulnerabilities or injury variables, in predicting elevated levels of suicidality

Higher levels of hopelessness were the strongest predictor of suicidal ideation, and high levels of SI, in association E/PD was the strongest predictor of post-injury attempts

Simpson and Tate 2002

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TBI and Psychiatric Co-morbidity

Respondents with a co-morbid history of psychiatric/emotional disturbance **and** substance abuse were 21 times more likely to have made a post-TBI suicide attempt.

Simpson and Tate 2005

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TBI – Symptoms, Functioning and Outcomes

Qualitative Analysis of Suicide Precipitating Events, Protective Factors and Prevention Strategies among Veterans with Traumatic Brain Injury

Brenner, L., Homaifar, B., Wolfman, J., Kemp, J., & Adler, L., Qualitative Analysis of Suicide Precipitating Events, Protective Factors and Prevention Strategies among Veterans with Traumatic Brain Injury, Rehabilitation Psychology.

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Cognitive Impairment and Suicidality

- “I knew what I wanted to say although I'd get into a thought about half-way though and it would just dissolve into my brain. I wouldn't know where it was, what it was and five minutes later I couldn't even remember that I had a thought. And that added to a lot of frustration going on….and you know because of the condition a couple of days later you can't even remember that you were frustrated.”

- “I get to the point where I fight with my memory and other things…and it’s not worth it.”

Brenner et al., 2009

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Emotional and Psychiatric Disturbances and Suicidality

- I got depressed about a lot of things and figured my wife could use a $400,000 tax-free life insurance plan a lot better than….I went jogging one morning, and was feeling this bad, and I said "well, it's going to be easy for me to slip and fall in front of this next truck that goes by..."

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Loss of Sense of Self and Suicidality

- Veterans spoke about a shift in their self-concepts post-injury, which was frequently associated with a sense of loss
  - "…when you have a brain trauma…it's kind of like two different people that split…it's kind of like a split personality. You have the person that's still walking around but then you have the other person who's the brain trauma."

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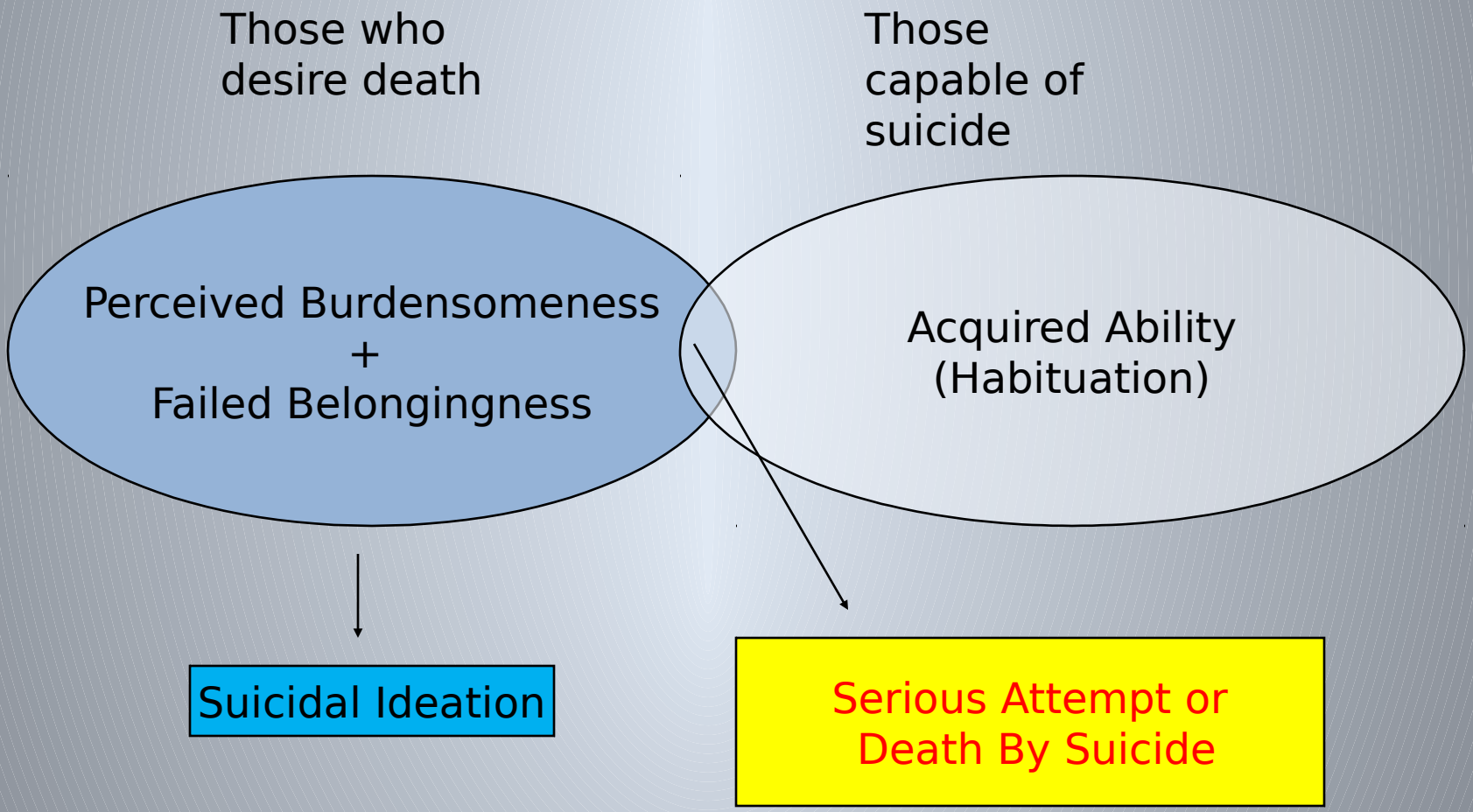
Evidence-Based Measures: Suicidality in Those With TBI:

1

RESEARCH NEEDED!!!

Interpersonal-Psychological Theory of Suicide Risk

Joiner 2005



A Qualitative Study of Potential Suicide Risk Factors in Returning Combat Veterans

Brenner LA, Gutierrez PM, Cornette MM, Betthauser LM, Bahraini N, Staves P. A qualitative study of potential suicide risk factors in returning combat veterans. Journal of Mental Health Counseling. 2008;30(3): 211-225.. 2009; 24(1):14-23.

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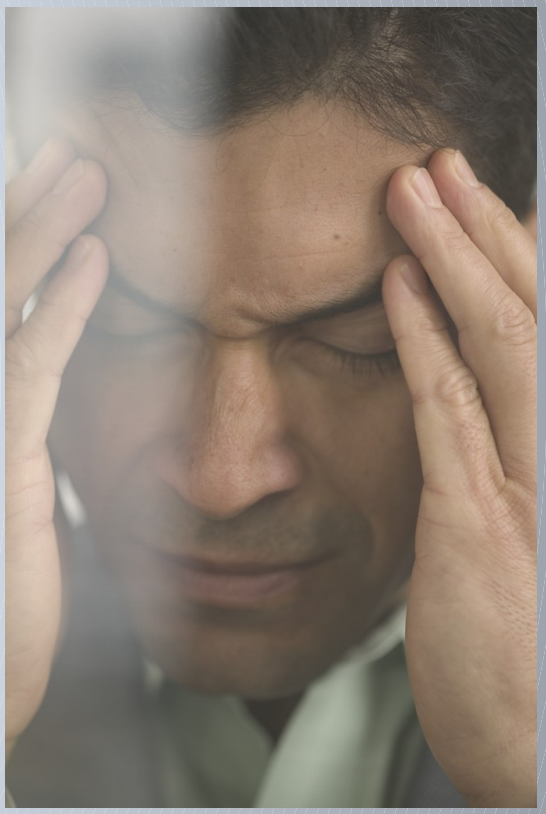
Themes

- Combat experiences were a setting for exposure to pain
- It takes more to be hurt now than in the past
- Increased tolerance for pain in conjunction with a variety of maladaptive coping strategies



Pain

- “I think that during the time that I was overseas I ah, kind of lost connection with reality and lost connection with my feelings…if you don’t have any emotions, then you are not scared or afraid either, which really helps you to get through the days in such a dangerous environment.”

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Belongingness

- Feeling disconnection from civilians and/or society in general

- “I separate myself from society, that part of society. I don’t know how to deal with those people….I just keep myself away.”

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Burdensomeness

- “I feel like I am burden, 100%, I don’t feel like I belong anywhere … like if I'm out with some friends, I don't feel like I belong. Family, I'm the outsider.”

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The International Classification of Functioning (ICF)

Model developed by the World Health Organization (WHO)

Means of understanding factors that can impact how people live with TBI

REGARDLESS OF INJURY SEVERITY

Key Terms

- Disability – impairment in bodily function (e.g., cognitive dysfunction)
- Activity limitation – "…difficulties an individual may have in executing" a task or action (e.g., not being able to drive)
- Participation restriction – "… problems an individual may experience in involvement with life situations" (e.g., not being able to work)

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TBI and Suicide Risk Assessment Strategy

- Assess for
  - Acquired Ability
  - Burdensomeness
  - Failed Belongingness
- In the context of
  - Disability
  - Activity limitation
  - Participation restriction

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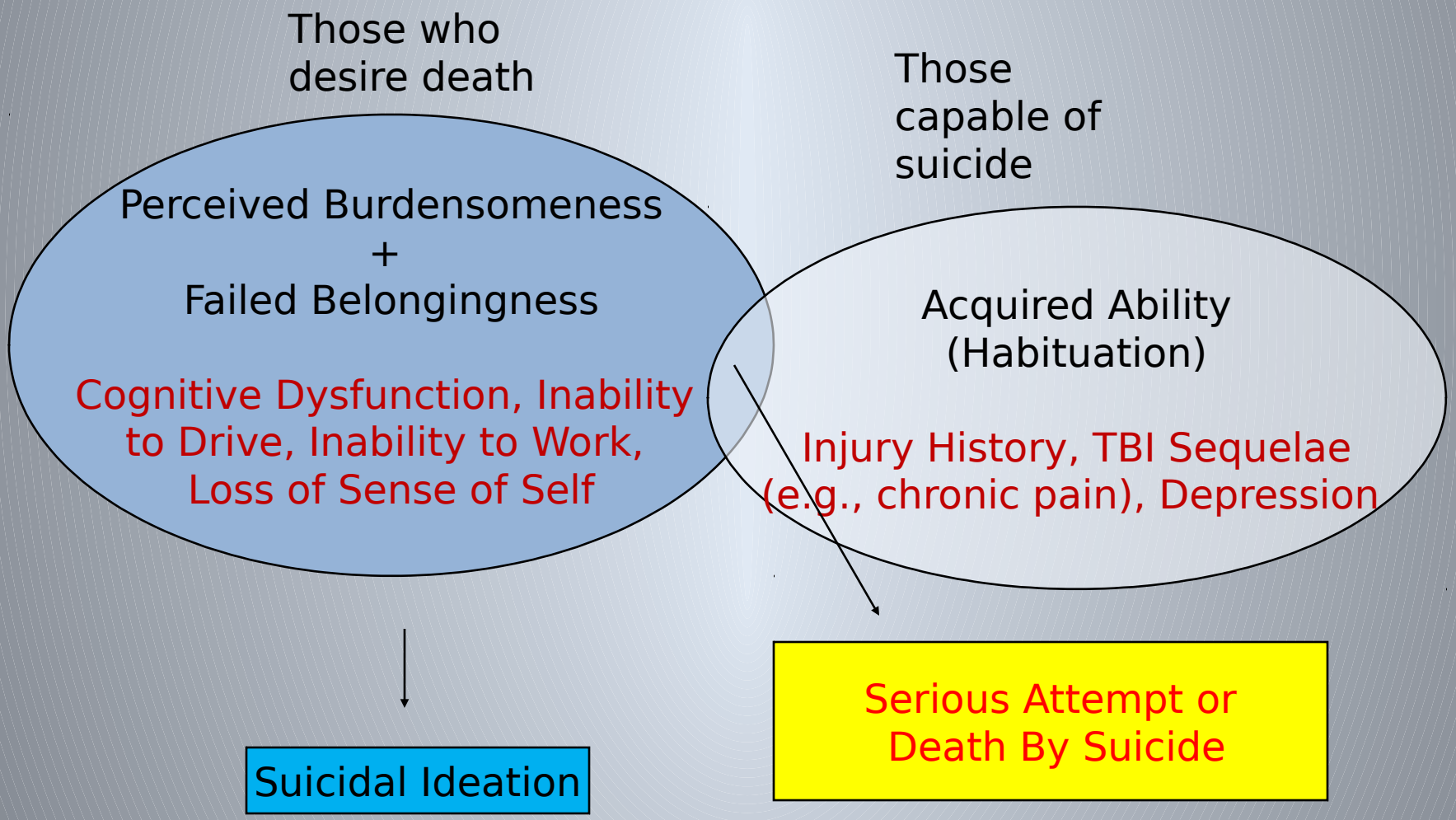
Interpersonal-Psychological Theory of Suicide Risk

Joiner 2005


Those who desire death
Perceived Burdensomeness
+
Failed Belongingness
Cognitive Dysfunction, Inability to Drive, Inability to Work, Loss of Sense of Self
Those capable of suicide
Acquired Ability (Habituation)
Injury History, TBI Sequelae (e.g., chronic pain), Depression
Suicidal Ideation
Serious Attempt or Death By Suicide

There is more work to be done!

Thank you

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http://www.mirecc.va.gov/visn19/